

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 476)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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50						
TOTAL NO.	7		7			
TOTAL OFF.	31		31			
TOTAL	38		38			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.	2					
TOTAL OFF.						
TOTAL						

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